



Amjo Corp
 PO Box 8304
 West Chester, OH 45069
 Tel: 513-942-2770
 Fax: 513-942-2771

Biomove 5000 – Lease to Own Promissory Note

I _____ of _____ < **Please enter your name and City/State**

authorize AMJO (Amjo Corp, PO Box 8304, West Chester, OH 45069) to charge my credit card as described below. I understand that until the final payment is made that the Biomove 5000 will remain the property of Curatronic, the manufacturer of the Biomove 5000 and Amjo Corp.

- 1) **Cancellation/Return:** subject to the terms below, in the event I wish to return the unit, I am not liable for any further payments. I also understand that before I return the unit I must contact AMJO to obtain a return authorization number and I further understand that all payments made by me before the date of return are not refundable and that AMJO will continue to charge my credit card monthly until AMJO receives the properly returned unit and determines that it was returned with all original packaging and its condition is "like-new".
- 2) **Medical Device:** I understand that the Biomove 5000 is a medical device and is sold only with a prescription from a medical doctor. In no event will I loan or sell this device to another person. This is an FDA regulation and I will comply with all FDA regulations.
- 3) **Acceptance of Item:** I will inspect the Biomove 5000 upon receipt immediately notify AMJO of any problems with the product. I understand that I have a maximum of seven days to perform this inspection. Following this it will conclusively presumed by both parties that I have accepted the item and this promissory note will be in full force.
- 4) **Ownership:** Until final payment is made the Biomove 5000 will be deemed to be personal property regardless of the manner in which it may be attached to any other property. Title to the Biomove 5000 will not pass to me until the final payment is made. I or my proxy will notify AMJO within 3 (three) days of any notice of any claim, levy, lien, or legal process issued against the equipment.
- 5) **Loss or Damage:** I understand that if the Biomove 5000 is lost or damaged that I am fully responsible and the payment plan as described above will remain in place until complete.
- 6) **Default:** I understand that I will be in default if (a) AMJO is unable to process a monthly credit card transaction and that I am unable to provide another credit card number or fix the problem with my bank within 10 days. I understand that AMJO will contact me by phone or mail in the event of a problem. (b) I become insolvent or bankrupt during the term of this lease.
- 7) **Amjo Rights:** I understand that if I am in default that I will return the Biomove 5000 to AMJO immediately. I understand that AMJO may repossess the item as provided by law and that I will be responsible for the costs of recovery including attorneys' fees and legal costs, repair and related costs. I will be responsible for any deficiency and that AMJO shall be obligated to release the equipment, or otherwise mitigate the damages from the default, only as required by law.
- 8) **Care of Equipment:** I agree that the equipment may only be used and operated in a careful and proper manner and according to the Users Manual. Its use must comply with all laws, ordinances, and regulations relating to the possession, use, or maintenance of the equipment.
- 9) **Notices:** I agree that an email or telephone call properly recorded in my file at AMJO's place of business will be sufficient notice to require me to take action under this agreement.
- 10) **Governing Law:** I agree that this agreement shall be construed in accordance with the laws of the state of Ohio



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Customer Credit Card and Contact Information

Payment Schedule: 12 Month Lease-to-Own	<p>***Three months: \$399.00 per month. Balance to be paid at \$349.00/month for 9 months * A shipping and handling charge will be added to the initial payment. USA Ground Shipping & Handling Charge is \$80.00. Premium shipping options may be available at additional cost. ** Minimum lease is three months at \$399.00/month</p>
Bill to Name:	
EMAIL Address:	
Billing Address:	
City, State, Zip	
Home Phone:	
Cell Phone:	
Credit Card Number:	
Credit Card Expiry Date:	
Ship To Name:	
Shipping Address:	
City, State, Zip	
Phone:	

I am purchasing this unit for _____

Please enter "Myself" or the name of the person this was prescribed for above.

The foregoing is correct and that I will abide by the terms above and I agree to automated charges to my credit card as described above:

Signature: _____ **Date:** _____

Print Name: _____ This agreement is binding upon and inures to the benefit of the parties, their heirs and successors in interest. If any provision of this promissory note is found unenforceable or invalid, the validity of the remaining provision(s) shall not be affected.